



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**MOTOR VEHICLE COMMISSION**  
500 JAMES ROBERTSON PARKWAY 2<sup>nd</sup> FLOOR  
NASHVILLE, TENNESSEE 37243-1153

## APPLICATION FOR AUTOMOBILE AUCTION LICENSE

Pursuant to the Laws of the State of Tennessee and in accordance with the provisions of Section 4, Chapter 79, Public Acts of 1955, as amended. Application is hereby made for a license to conduct business in the State of Tennessee as indicated.

STATE SALES TAX NO.: \_\_\_\_\_

PRIVILEGE LICENSE NO.: \_\_\_\_\_

1. FIRM NAME \_\_\_\_\_  
Correct name under which business will be conducted

2. BUSINESS ADDRESS \_\_\_\_\_

3. DATE BUSINESS ESTABLISHED \_\_\_\_\_  
Month Year

4. NAME AND ADDRESSES OF ALL BRANCHES, SUBSIDIARIES, AFFILIATES OR ASSOCIATES SERVING DEALERS OF MOTOR VEHICLES IN ANY PART OF TENNESSEE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. NAMES OF ALL EXECUTIVE OR SALES PERSONNEL REPRESENTING THE APPLICANT WHO CONTACT OR SUPERVISE DEALERS AT AUTOMOBILE AUCTION SALES IN TENNESSEE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. DESCRIPTION OF QUARTERS IN WHICH BUSINESS WILL BE CONDUCTED:

TYPE OF BUILDING	SIZE OF BUILDING	SIZE OF CAR LOT
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7. IS BUSINESS OWNED BY:       INDIVIDUAL       PARTNERSHIP       CORPORATION

(a) IF INDIVIDUAL GIVE NAME AND ADDRESS OF OWNER: \_\_\_\_\_  
\_\_\_\_\_

(b) IF A PARTNERSHIP GIVE NAME AND ADDRESS OF EACH PARTNER AND DESIGNATED MANAGING PARTNER OR PARTNERS:  
\_\_\_\_\_  
\_\_\_\_\_

(C) IF A CORPORATION:

(1) IN WHAT STATE INCORPORATED: \_\_\_\_\_

(2) IF OTHER THAN TENNESSEE, ARE YOU AUTHORIZED TO DO BUSINESS IN THIS STATE? \_\_\_\_\_ OR \_\_\_\_\_  
YES NO

(3) LIST NAMES, ADDRESS AND TITLES OF OFFICERS, DIRECTORS, AND MANAGER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. I HEREBY CERTIFY THAT THE STATEMENTS IN, OR ATTACHED TO THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE MEMEBERS OF THIS ORGAMIZATION ARE FAMILIAR WITH THE PROVISIONS OF THE LAW UNDER WHICH THIS APPLICATION IS MADE; AND THAT I, AS PROPRIETOR, PARTNER, OR PROPER OFFICER OF THE CORPORATION, HAVE AUTHORITY TO MAKE THE STATEMENTS CONTAINED HEREIN.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED OFFICAL OF FIRM

**E-MAIL ADDRESS:** \_\_\_\_\_

TITLE: \_\_\_\_\_

9. STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS \_\_\_\_\_, DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

(SEAL) MY COMMISSION EXPIRES \_\_\_\_\_

NOTARY PUBLIC

**IMPORTANT:** ALL PERSONS MAKING APPLICATION FOR A MOTOR VEHICILE AUCTION LICENSE FOR THE **FIRST TIME** MUST FURNISH A CERTIFIED CURRENT FINANCIAL STATEMENT.

MAIL APPLICATION AND FEE TO THE: TENNESSEE MOTOR VEHICILE COMMISSION  
500 JAMES ROBERTSON PKWY. 2<sup>ND</sup> FLOOR  
NASHVILLE, TN 37243-1153

**FEE---- AUTOMOBILE AUCTION \$400.00**